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APPLICANTS

Andrzej Strak, Lynnwood, WA;  
 William G. McKee, Edmonds, WA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/412,059 09/18/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/10/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
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Verified and Acknowledged CAP  
 Examiner's Signature Initials

ADDRESS  
 26389  
 CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC  
 1420 FIFTH AVENUE  
 SUITE 2800  
 SEATTLE , WA  
 98101-2347

TITLE  
 Restructured seafood products using surimi binder

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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